



## **ALARM BUSINESS**

In accordance with City Code section 3.40.030 (b) a person engaged in altering, installing, maintaining, repairing or servicing alarm systems within the city is to be certified for the particular classification of system involved. Section 3.40.035 provides that the Office of Central Inspection will provide an examination and certification for those technician's needing certification. This examination may be waived if the applicant holds a current certification from the National Burglar and Fire Alarm Association. Further, section 3.40.040 (7) requires a copy of the certification to accompany the business permit application if the business is going to engage in altering, installing, repairing or servicing alarm systems.

All applicants must complete both the application (**IN DUPLICATE**) and the certification form in order for the application to be processed. In the event that a technician listed on the certification form leaves the company **or** if a technician is hired, the business must notify the license area of such changes.

In the event that a technician needs to be certified, please contact the Office of Central Inspection at (316) 268-4465.

The section "Applicant Information" needs to be completed for every person with financial interest in the business and for each officer in a corporation. If there is more than one person, additional people can be listed on a separate sheet of paper. The person whose name appears under "Applicant Information" on the actual application also needs to sign the application and have it notarized.

Any questions, please call City License at (316) 268-4553.



**ALARM BUSINESS LICENSE APPLICATION**  
COMPLETE IN DUPLICATE

CITY LICENSE  
(316) 268-4553

Individual New.....\$101.00  
Co-Partnership Renewal.....\$100.00  
Corporation: If Incorporated, through which state?

**BUSINESS INFORMATION:**

Indicate the number of systems located in the City of Wichita at separate, unique addresses:

Business Name		Phone	
Business Address		Zip Code	

**APPLICANT INFORMATION:** The following information must be completed by the applicant as well as for each partner in a partnership or each officer in the corporation. If more space is needed, use the reverse side of this application or attach a separate piece of paper to the application.

Full Name				Home Phone	
Home Address				Zip Code	
Date of Birth		Race		Sex	

**MAINTENANCE INFORMATION:** If the business is located outside of Sedgwick County, answer the following for the person located within Sedgwick County responsible for repair and maintenance of the system and for the payment of any administrative charges made under Chapter 3.40.

Full Name			
Home Address		Zip	
Date of Birth		Phone Number	

- Has any person required to be named on this application been convicted of a felony? **Yes** **No**
- If yes, please specify:
- Will service for the alarm systems provided by the alarm business be available on a 24-hour, 7-day-a-week basis?  
\_\_\_\_ **Yes** \_\_\_\_ **No**

I, the above named applicant, state that all agents, representatives, and employees of the applicant will at all times comply with all laws of the United States, the State of Kansas, and the ordinances of the City of Wichita in the operation of the alarm business.

A COPY OF EACH PERSON'S CERTIFICATION NUMBER, LEVEL OF CERTIFICATION, AND THE AGENCY WHICH THE TECHNICIAN IS CERTIFIED BY, MUST ACCOMPANY THIS APPLICATION BEFORE THE APPLICATION WILL BE CONSIDERED FOR APPROVAL.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

**FOR OFFICIAL USE ONLY**

	Approved	Disapproved	Date
Central Inspection			
Chief of Police			
License Number		Expiration	
Date		Date Issued	



CITY LICENSE  
(316) 268-4553

## TECHNICAL CERTIFICATION

If your business is engaged in the business of altering, installing, maintaining, repairing or servicing alarm systems, each of your technicians must be certified as, at the least, a Tech 1 level. Please provide the names, level of certification, certification agency name, and copies of the certification numbers, including expiration dates if applicable, of those persons certified in accordance with the standards set forth by the National Burglar and Fire Alarm Association. If more space is needed, please attach an additional sheet of paper.

Name	Certification Level	Certification Agency	Certification Number and Expiration Date
1.			
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